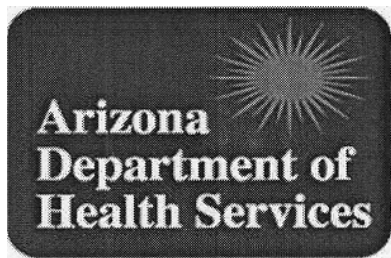


Order Form
Arizona Hospital Inpatient Discharge Data



MAIL YOUR ORDER TO:
Arizona Department of Health Services
Bureau of Public Health Statistics
Section of Cost Reporting and Discharge Data Review
150 North 18th Ave - Suite 550
Phoenix AZ 85007-3248
Phone: 602-542-8064 Fax: 602-542-2940
Website: www.azdhs.gov/plan/crr/index.htm

Arizona Hospital Inpatient Discharge Data is available as indicated below.
CY = Calendar Year - First Half is January 1 through June 30; Second Half is July 1 through December 31.
NOTE: Check website for future announcements about the availability and pricing for 2004 data.

Data Available	Description	Qty	IP Unit Price	Sub-Total
2003-02	Second half of CY2003		\$600.00	
2003-01	First half of CY2003		\$600.00	
2002-02	Second half of CY2002		\$600.00	
2002-01	First half of CY2002		\$600.00	
2001-02	Second half of CY2001		\$600.00	
2001-01	First half of CY2001		\$600.00	
2000-02	Second half of CY2000		\$600.00	
2000-01	First half of CY2000		\$600.00	
			TOTAL	

Check for Total Amount Due, payable to the Arizona Department of Health Services, must accompany order.

Data will be shipped on CD in both ASCII and DBF Formats
CDs will be sent regular mail unless alternative shipping instructions are provided below:

Carrier Name: (FedEx / UPS / etc.)	Recipient's Account Number	Service Type: (overnight / 2-day / etc.)

Ship To:

Name: _____ Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ E-Mail: _____
Phone: _____ FAX: _____

Comments: _____

For Office Use Only:

Date Received	Check Number	Rec'd By	Date Sent	Sent By